NC DHHS DMH/DD/SAS

CAP-MR/DD Home and Community Supports

Reviewer:

| | Description | Conditional Endorsement | | | | Full Endorsement | | | | |
|---|--|---|-----|-----|-----|---|-----|-----|-----|----------|
| | Description | Evidence of | | NOT | | Evidence of | | NOT | | |
| | CAP-MR/DD – Home and | Compliance | MET | MET | N/A | Compliance | MET | MET | N/A | Comments |
| | Community Supports | - | | | | - | | | | |
| | Provider Requirements | | | | | | | | | |
| а | practitioners employed by an organization that meets the standards established by the Division of MHDDSAS or LME approved/endorsed by DHHS. These standards set for the administrative, financial, clinical, quality improvement, and information services infrastructure necessary to | Provider application with all required supporting documentation as required in; | | | | Provider application with all required supporting documentation as required in; | | | | |
| b | provider services. 2) Provider organization must demonstrate they meet these standards by being endorsed by the LME. | provider application; program description Policy and | | | | provider application; program description Policy and | | | | |
| С | ** The organization must be established as a legally recognized entity in N.C. | Procedure Manual | | | | Procedure Manual | | | | |
| | Staffing Requirements | | | | | | | | | |

| a Staff must meet requirements for paraprofessional in 10A NCAC 27G .01000200 or in Licensed Developmental Day Programs staff have at least a high school diploma or high school equivalency supervised by a Qualified Professional or Associate Professional | Program description; Personnel Manual; job descriptions | sup oth tha req sup | pervision plans or ner documentation at staff minimum quirements and pervision quirements are et. | |
|---|---|--|--|--|
| b Staff must meet client specific competencies as identified by the individual's plan of care. | Program description; Personnel Manual; job descriptions | sup oth tha req sup req me tha trai pro in t | pervision plans or ner documentation at staff minimum quirements and pervision quirements are et; documentation at client specific ining has been ovided as identified the Plan of Care; py of Plan of Care. | |
| c Direct Care Staff must have criminal record check | Program description; Personnel Manual; job descriptions | sup oth tha req sup req me rec | personnel files; pervision plans or ner documentation at staff minimum quirements and pervision quirements are et; copy of criminal cord check. | |
| d Staff must have a health care registry check in accordance with 10A NCAC 27 G.0200. | Program description; Personnel Manual; job descriptions | Pe sup oth tha req sup req | pervision plans or ner documentation at staff minimum quirements and pervision quirements are et; copy of | |

| | | | | healthcare registry check. |
|---|---|---|--|---|
| е | Staff who is providing transportation, will have a driver license check. | Program description; Personnel Manual; job descriptions | | Personnel files; supervision plans or other documentation that staff minimum requirements and supervision requirements are met; copy of driver's license check. |
| | Service Type/Setting | | | |
| а | Home and community supports are provided in the home, family home or community of the participant | Program description; policies and procedures. | | Program description, policies and procedures; service notes documenting implementation of appropriate programming. |
| | Program/Clinical Requirements | | | |
| а | Home and Community supports provides habilitation, training, and instruction coupled with elements of support, supervision and engaging participation to reflect the natural flow of the person's day | Program description; policies and procedures. | | Program description, policies and procedures; service notes documenting implementation of appropriate programming. |
| b | Interactions with the person are designed to achieve outcomes identified in the Plan of Care | Program description; policies and procedures. | | Program description, policies and procedures; and service notes documenting implementation of appropriate programming; copy of approved Plan of Care. |
| С | The community component may | Program | | Program description, |

| | be used to provide an individual with a personal day program. The program is structured and meets the outcomes identified in the Plan of Care. | description; policies and procedures. | pro ser dod imp app pro | licies and pocedures; and rvice notes cumenting colementation of propriate programming; copy approved Plan of re. | | |
|---|---|--|---|---|--|--|
| d | The community component may be utilized by an individual residing in a residential facility but must not include training & habilitation activities that are expected of the residential provider. | Program description; policies and procedures. | pol pro ser doo imp app pro | ogram description, licies and ocedures; and rvice notes cumenting olementation of propriate ogramming; copy approved Plan of re. | | |
| | Documentation Requirements | | | | | |
| а | Documentation on a grid to include: full date the service was provided, goals that are being addressed; a number or letter as specified in the key which reflects the intervention/activity; a number or letter as specified in the key which reflects the assessment of the consumer's progress toward goals; duration, when required; and initial so the individual providing the service. Initials shall correspond to a signature on the signature log section of the grid. | Service Record; Policy and Procedure Manual | dod | idence of cumentation cording to Service cords Manual. | | |